| | | Docket Number | CT-2770 NP | | | | | | | | |
|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|
| <u></u> | FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10 | | | | | | | | | | |
| 22764 | EL 994356875 US Express Mail Label Number | - | April 16, 2004 Date of Deposit | | | | | | | | |
| Address to: | Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | ON TRANS | MITTAL AND FEE SHEET | | | | | | | | |
| Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of | | | | | | | | | | | |
| Applicant (or identifier): MCPHEE ET AL. | | | | | | | | | | | |
| Title: | | MACROCYCLIC ISOQUINOLINE PEPTIDE INHIBITORS (HEPATITIS C VIRUS | | | | | | | | | |
| Enclosed are: | | | | | | | | | | | |
| 1. | Specification (Including Claims and Drawings - sheets Executed Declaration and Power Microfiche Computer Program (ap Nucleotide and/or Amino Acid Sec Computer Readable Copy Paper Copy Statement Verifying Identity of Preliminary Amendment Assignment Papers (Cover Sheet English Translation of Information Disclosure Statement Certified Copy of Priority Docume Return Receipt Postcard | of Attorney (or opendix) quence Subminor Subminor Above Copie & Document(s | iginal or copy) ssion | | | | | | | | |
| Filing fee | 11. A Return Receipt Postcard 12. Other: Filing fee calculation: | | | | | | | | | | |

Before calculating the filing fee, please enter the enclosed Preliminary Amendment. Before calculating the filing fee, please cancel claims .

| Basic Filing Fee | | | | | | | | | | | |
|---------------------------------------|-----------------------|-----------------|-----|-----------------|---|----|------|----|----|-----|--|
| Multiple Dependent Claim Fee (\$ 290) | | | | | | | | | | | |
| Foreign Language Surcharge (\$ 130) | | | | | | | | | | | |
| | For | Number Filed | | Number Extra | | | Rate | \$ | | | |
| Extra Claims | Total Claims | 56 | -20 | 36 | х | \$ | 18 | = | \$ | 648 | |
| | Independent Claims | 4 | -3 | 1 | х | \$ | 86 | = | \$ | 86 | |
| TOTAL FILING FEE | | | | | | | | | | | |

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$1,504. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Stephen B. Davis Bristol-Myers Squibb Company Patent Department P.O. Box 4000 Princeton, NJ 08543-4000

Date: April 16, 2004

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (203) 677-6900.

Respectfully submitted,

Noven KNolle

Warren Volles

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